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BRONCHITIS.

A Lecture by J. A. Swett, M.D., at the New York Hospital, March 12, 1846.

Primary Acute Bronchitis.—Capillary Bronchitis.—Secondary Acute Bronchitis.

THE bronchial tubes commence at the bifurcation of the trachea, and terminate in the air-cells of the lungs. They are lined with a fine, delicate mucous membrane, which extends throughout the tubes, and gradually becomes converted into a serous membrane in the air-cells. Underneath this membrane, there is a dense cellular tissue connecting it closely with the tubes. These tubes are fitted with cartilaginous rings, which, however, are not quite perfect; and, in the interspaces between these rings, lays the muscular coat. As you follow the tubes into the lungs, these rings become less distinct, and they finally disappear, after which the muscular coat, by becoming more extensive, supplies their place. This has never certainly been demonstrated in the human subject, but it has been in the horse and other large inferior animals. Thus we come at two important facts, with regard to the bronchial tubes, viz., that they are lined with a mucous membrane, and that they have muscular coats.

This mucous membrane is liable to an acute inflammation, constituting what is called *acute bronchitis*. In examining the lungs of those who have died of this disease, at the first view you will probably find nothing that will attract particular attention; in examining the pleura, you will see nothing abnormal, the natural color, crepitation, and softness existing; but in cutting across it, and pressing the tubes with your finger, you will notice an exudation from them, of frothy mucus, or muco-purulent matter, sometimes white, sometimes yellowish, and sometimes more or less tinged with blood. The tubes also present, internally, a peculiar redness; this redness is commonly situated in the sub-mucous cellular tissue, and appears through the thin and transparent mucous lining covering it. Sometimes this redness is intense, and of a uniform appearance, but it generally appears in spots of the size of a six-pence, which, on close examination, is found to be induced by many small vessels running together. Again you will find it composed of tortuous lines, which are not arborescent—not connected with any particular trunk; or finally, it appears as minute points.

This redness is an important sign, though frequently, in *post-mortem* examinations, it might appear difficult to tell whether it arises from ve-

nous congestion dependent on retardation of the circulation, or from inflammatory congestion. In cases of the latter, arborescent lines seldom appear as in the venous congestion, where it always commences in the large trunks, and goes on to the small branches; of course, being arborescent, in proportion to the amount of congestion. In venous congestion, therefore, you will find that only the large trunks are affected; but in inflammatory congestion, the changes begin in the capillaries and spread towards the larger trunks, thus accounting for the different appearances. To those who wish to form an accurate diagnosis, it is very important thus to discriminate between the venous or passive, and the inflammatory congestion. If the inflammation has been very intense, there may be a slight opacity in the mucous membrane after death; but if there has not been, this opacity will not be present. Generally speaking, there is neither much softening or thickening present, though when the inflammation is of long standing, it may be apparent, but this membrane is so delicate, that it is very difficult to say whether softening exists or not; usually, there is none, and this allies the inflammation to that peculiar to serous membranes, which are not usually softened. Redness, then, and the peculiar injected appearance in bands, or lines, or spots, with an accumulation of opaque mucus, constitutes the chief characteristics of bronchitis. This disease almost universally affects both lungs, and to the same extent; and this is, by no means, an unimportant fact in the study of these affections.

Bronchitis may be either a primary or a secondary disease; that is, it may come on alone, or appear during some other inflammatory affection. Simple acute bronchitis is so well known from the personal experience of all who hear me, that it will be almost superfluous for me to describe it. The patient is first attacked with a stuffing sensation in the nose, febrile symptoms, loss of appetite, followed by soreness of the throat, and hoarseness; a dry, hoarse, loud and ringing cough, and dyspnœa. The febrile symptoms generally continue about four days, when they pass over, in a great degree. The expectoration, during this time, has become a frothy, transparent mucus, which increases in quantity until about the tenth day, when a gradual change takes place in it, and it changes to an opaque and yellow mucus. This is attended with much relief to the patient, the fever entirely subsides and disappears, the pulse falls to the natural standard, the dyspnœa that had been felt abates, the cough which had been severe before, inducing the soreness in the chest, becomes easy and moist in proportion to the change in the character of the expectoration; this latter change lasts, perhaps, two or three weeks, when the expectoration and cough both disappear entirely, and the patient has recovered. This disease is very mild indeed, and though the lassitude and indisposition that attend it during the first few days, are such as to keep the patient confined to his room, still a physician is rarely consulted on the subject, and towards the end of it, the patient is generally able to attend to his business, though of course he runs a certain risk.

We have another form of bronchitis in children, which is more severe

than that which occurs in adults: with the latter it seldom penetrates to the minute bronchial tubes, and thus in them the oppression and other constitutional symptoms are less decided. The nearer you get to the air vesicles, of course, the nearer you approach to pneumonia, and this, the *capillary bronchitis* of children, does approach it very nearly. It is vastly more serious than the common bronchitis. The patient is attacked much in the same way as in the former, but in a very short time violent febrile reaction takes place, a dry, fatiguing cough, with lividity of the countenance, indicating that the blood is imperfectly oxygenized, on account of a high degree of congestion of the lungs; all this is caused by the smaller tubes being attacked. In children, also, the constitutional symptoms are always more severe than in adults; in fact, nothing can be more serious to a fat healthy child, than this capillary bronchitis, and what adds to the danger is the fact, that it always attacks both lungs. The invariable law in pulmonary disease is, that where there is disease of one lung only, there is far less constitutional trouble, than when the disease is divided between the two. The reason of this is very plain. The disease exists not only in the parts immediately affected, but portions more remote are crippled in their action. For instance, inflammation of the lower part of a lung will cripple the whole of it. These are the reasons of the serious and fatal character of this form of bronchitis.

Again, there is another form peculiar to old people, though not entirely confined to them. As a general rule, adults will have either the simple or capillary form, and sometimes the form I am now considering, but in general, it is confined to old people; it is therefore called *senile bronchitis*, or peri-pneumonia-notha, and its leading feature is the copious secretion of thin mucus into the small tubes running into the vesicles. After death the lungs are generally very œdematous, and on cutting them across, an abundant frothy serum will rush out. This form is ushered in with the usual symptoms that attend the other forms, but in a short time the patient becomes comatose, owing to the oxygenation of the blood being imperfectly carried on; a harassing cough, with difficult expectoration, a dry tongue, with symptoms of prostration, are present towards the end. This disease is very generally fatal.

What are the physical signs during the early stage of bronchitis? While the patient is suffering from febrile re-action, and the dry cough is present, on examining the chest you will find it resounds well all over on percussion. What you do hear of the respiratory murmur is quite natural; sometimes it is a little feeble in consequence of the congestion of the tubes; it is, however, often masked by the mucous rattle, or by a ronchus. Sometimes you will find it cease entirely, when a bronchus of any size is obliterated by thick mucus in its cavity; but its ceasing thus, does not occasion any dullness on percussion, because the vesicles are still full of air. This blocking up, of course, produces the greatest distress and difficulty in breathing, but it generally is merely temporary, the action of coughing quickly ending it by removing the mucus. When a gradual obstruction takes place in the lungs, it is not

attended with so serious symptoms of oppression, as the supplementary action of the rest of the organ has time to as gradually accustom itself to its extra labor; but in these cases of sudden obstruction, this supplementary action cannot be taken on so readily. In this stage you generally have also the sibilant or sonorous ronchus over the posterior portion of both lungs, and the predominance of one or other will indicate the order of tubes principally affected. I have already described these sounds to you, and explained that they are caused by distinct vibration of a partially obstructed tube, and that the size of the tube principally determines their character. In the smaller tubes which are invested with a distinct muscular coat, the sibilant ronchus results from the spasmodic contractions of this muscular coat, and like other spasmodic actions, is, of course, intermittent and changeable. Again, a thick pledget of mucus may produce ronchi, by partially obstructing the tubes; but I have my doubts if they are often produced by such a cause. In early stages of the disease, it frequently exists where the mucus is thin, and not favorable for the plugging up a tube, and whose irritation would be more likely to bring on spasmodic action, and, as its effects, the sibilant ronchus. In the latter stages, these cease and become mixed with the mucous rattle, which I have already explained to you, and, as the expectoration changes its character and becomes yellow and opaque, so this rattle establishes itself, gradually taking the place of both the sibilant and sonorous ronchi, until you finally hear it at the base of both lungs behind, without any ronchus at all. One most important diagnostic mark is, when you hear the mucous rattle at the base of *one lung only*, you may be sure it is not bronchitis—it is probably pneumonia. This rattle does not exist in every case of bronchitis, but when it does it is *always at the base of both lungs*, but from that you must not infer that the inflammation present is confined to that spot. There are two reasons why the rattle should take place there: one is, it is the most dependent portion; and another, that it is the most difficult part from which to expectorate the secretions; thus, a certain portion readily remains behind, and gives rise to the mucous rattle; the length of the tubes leading down to this portion, is also another reason. The amount of secretion, sometimes, is not sufficient to generate the rattle where inflammation exists; thus, the not hearing it is no evidence that bronchitis does not exist—it is only a sign that it is not severe. The sonorous and sibilant ronchi are much more general than the mucous rattle; we find it more abundant posteriorly than anteriorly, though it may exist all over the chest to a certain degree; the mucous rattle, also, and its extent and locality, will indicate the comparative severity of the case.

In capillary bronchitis the signs are the same as in the ordinary form, but more aggravated; in fact, so great is the inflammation and thickening of structure, that the patient may die of asphyxia, consequent upon the non-oxygenation of the blood, before an abundant secretion is established: but if the second stage comes on, and the mucous rattle is established, it exists, as I have already stated, at the base and posterior portion of both lungs, being, however, of a finer quality, as here the smaller tubercles are the seat of the disease.

In many cases, there exists hardly any mucous rattle during expiration; from its approach to crepitation, it has been named the sub-crepitant rattle. It is not connected with any dullness on percussion. This form, capillary bronchitis, is apt to run into pneumonia, so that if in the course of the attack, you find a certain degree of dullness, the rattle growing finer, and bronchial respiration developing itself, you may be sure the air vessels are getting affected, and that pneumonia is appearing. Thus so long as you have the sibilant and mucous rattle, it remains simple bronchitis; but gradually developed dullness at the base of the lung, bronchial respiration and crepitation, show the disease is passing to pneumonia.

In the acute bronchitis of old people, attended with the exudation of serum in the bronchia and air-cells, the disease develops itself with the ordinary lymph tones, accompanied by obscure pains in the chest, much dyspnœa, harassing cough, with difficult expectoration, and with a disposition to coma and other typhoid symptoms. Here a fine sub-crepitant rattle may be followed by some dullness on percussion, as the substance of the lungs becomes loaded with serum.

Bronchitis is frequently a secondary affection, that is, it develops itself in the course of other diseases, particularly those where a febrile re-action exists. There are two important phenomena connected with secondary bronchitis: one is, that it is extremely apt to be latent, that is, unattended by any cough, or premonitory symptoms; and the other is, that instead of attacking the usual portions of the lungs, which are the posterior and inferior parts, it is apt to be universal. It is usually present in continued fever, without any of the usual symptoms, but is distinguished by its universality and indisposition to pass into the second stage; in fact, many of those cases that are reported as congestion of the lungs, and which terminate fatally, are congestions of the bronchial tubes. In eruptive fevers, we also have bronchitis as an attendant; thus, in measles, smallpox, &c., where all know, one danger consists in the secondary inflammation of the lungs, of which bronchitis is always a preceding condition. Diseases of the heart in their advanced stages, and chronic cases of emphysema, are frequently complicated with attacks of acute bronchitis; for instance, asthmatic patients easily take cold, and will suffer severely in their symptoms; but proper treatment, by removing the sonorous and sibilant ronchus, and inducing the mucous rattle with the establishment of a free opaque mucous expectoration, will produce the greatest relief.

This form of acute secondary bronchitis occurring in diseases of the heart, and in emphysema of the lungs, constitutes what has been called suffocative catarrh, and described as a primitive affection, while in truth primary bronchitis is rarely suffocative in its character, unless at times, when it assumes the character of capillary bronchitis in children.—*N. Y. Medical and Surgical Reporter.*

PROLAPSUS ANI SUCCESSFULLY TREATED WITH NITRIC ACID.

By S. Pollak, M.D., St. Louis, Mo.

Mrs. H. aged 30, always enjoying good health, regularly menstruating until the premature birth of her first and only child about fifteen months ago. Since then she has been subject to hemorrhoids and was treated accordingly. She used to reside in the south, and came to this city to live in July last. She applied to me "to give her something for the *piles*," without wishing to submit to an examination. Upon the authority of her southern medical attendant, and her own positive assertion, I prescribed for them: but as may be expected without benefiting her. She said she could not go about conveniently, sitting down was attended with pains on account of the protuberances about the anus, which protrusions were extremely painful to the touch, and bled nearly every time she evacuated the bowels. I suspected there might be a complication of maladies, and proposed an examination, but she could not be induced to submit to it. Walking about and other physical exertion was extremely painful to her. She still kept up, however, until about four weeks ago (about the middle of February), when her sufferings became beyond endurance, and she at last consented to submit to an examination. I found what I anticipated, *an enormous prolapsus of the rectum, of at least four inches.* The mucous membrane had assumed the nature of the external skin, but very much thickened. The tumor greatly interlaced with veins, very hard and sensitive to the touch. Evacuations caused great suffering, but the unremitting tenesmus kept her constantly upon the *pot de chambre*, making mostly vain efforts to evacuate the bowels.

I made repeated but unsuccessful attempts at re-position; there was no stricture of the sphincter, I could pass it with my finger with facility; the difficulty arose solely from the tumefaction and degeneration of the mucous membrane of the rectum. I scarified the tumor, hoping to subdue by this topical depletion the inflammation, and to reduce its size; but all in vain.

I ordered warm fomentations, which were diligently applied for 36 hours, but no impression was made upon the tumor. Reduction in its present state was impossible, and even if reduced, the large degenerated mass of membrane could not possibly be retained within the narrow space of rectum, without causing by its pressure severe pain (which the sequel amply proved).

I determined therefore to remove the tumor altogether. She would not consent to have it extirpated with the knife; I concluded therefore to allow it to slough off. For that purpose I rubbed it by means of a piece of lint with pure *nitric acid*, covered it with a well-oiled compress and a warm cataplasm. This application caused very little pain. Next day, suppuration had commenced in many places, the tumor somewhat reduced. I repeated the touches with the nitric acid, which this time were followed by strong burning sensations, and dressed it as before. I gave an opiate, as well for the purpose of preventing evacuations as of lulling the pains. On the following day, the tumor was

reduced to one third its original size, abundantly suppurating, quite soft, not painful.

I now thought that re-position might be reasonably attempted, as the sloughs could not pass off, the cicatrization proceed better within than without, and at once relieve the patient of at least the loathsome *appearance* of the malady. The reduction was readily effected, and the prolapsus retained by means of well-oiled pledgets of lint and a T bandage. But I was premature in this operation. The tumor, although quite soft, and one third its original size, was still too large for the limited space within the rectum. A violent tenesmus, and a burning sensation (probably owing to the denuded surfaces of the mucous membrane coming in contact), was the immediate consequence. Warm fomentations and opiates gave only partial relief, until by increased suppuration and continued sloughing the tumor had still more diminished in its diameter. Four days after, the bowels were spontaneously evacuated, when again the rectum partially prolabated. She did not return it, and I had thus an opportunity to examine her again.

The mucous membrane within the rectum was soft, smooth, with the exception of a few small spots, much lubricated, but the small protruded portion was yet tumefied. I dilated the rectum by means of a speculum ani, and touched the few callous spots within, as also the projecting part, with the nitric acid; replaced and dressed it again as before. This last application caused more suffering than all the others before, and yielded only in twenty-four hours after repeated opiates and unceasing warm fomentations.

Since that time, now nearly two weeks, nothing has been done. Pus continued to flow many days after, bowels were freely evacuated, and no protrusion. At the last examination I found neither tumefaction nor callous spots, and I have reason to suppose the patient radically cured.

This brief and imperfect sketch of the above important case, elicits the following remarks:—

1. Prolapsus ani, I dare say, is more prevalent than is commonly supposed. The patient will invariably declare himself to be a hæmorrhoidarius, and very justly so. As the first is *mostly a consecutive* symptom, but too often, also, a *concomitant*, perhaps *idiopathic* disease, it is self-evident that the treatment of the one will not always be applicable to the other. This complaint may be readily recognized, and still it is often overlooked. It is unnecessary to impress the importance of an early examination whenever it is not too revolting to delicacy.

2. In regard to the treatment, I would, wherever it becomes necessary to remove the prolapsus, prefer the acid to the knife. This is the second time I have had the opportunity of testing the efficacy of the acid, and my expectations have been more than realized. A few years since I had a similar case to attend, only with the difference that I always could *replace* but not *retain* the prolapsus. I followed Dupuytren's plan of excising a few folds of the prolapsed mucous membrane, but the ensuing hemorrhage gave me, and the patient, no small uneasiness; however, he soon got well. It is true that with the acid the pain is

greater, and the cure slower, but for all that, not the less certain, and without jeopardizing the life of the patient by the almost unavoidable hemorrhage, and certainly nine out of ten patients will prefer it. In most cases there will be no occasion for more than *one* or at most *two* applications, and the suffering will consequently not be so severe. In another case I had in this city, *one* application sufficed, and my patient, who for twelve or fifteen months could not evacuate his bowels without seeing the rectum protrude, got well at once with comparatively little suffering. The peculiarly severe character of the present case, made a third touching imperative, and the pain must, of course, increase with every application.

3. We ought never to be in haste with the reposition, but wait at least until the tumefaction has entirely subsided. So long as the mucous membrane is thickened, it will necessarily have to be compressed, and give rise to torturing tenesmus. I do not suppose that the healing process would be much retarded by leaving it out until the mucous membrane has approximated its normal consistency, which it will readily do, provided it is kept well lubricated and covered with warm cataplasms.—*St. Louis Medical and Surgical Journal.*

STRICTURES ON PROF. PAINE'S VALEDICTORY ADDRESS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Will you permit an old subscriber to say a few words in relation to a matter, which, although it does not particularly concern himself, does interest a particular friend. He has no claim on your courtesy, nor has he any uncontrollable desire to see his remarks in print, especially when they refer to the world-renowned Professor Paine. His only wish is to bring to your notice certain facts. Respectfully,

Greene, Chenango Co., N. Y., April 17, 1846. AUG. WILLARD.

In the Journal of April 1st, particular notice is taken of Professor Paine's recent valedictory address, and the "caustic touches" he applies to Dr. *I. N.* Davis, of Binghamton, are referred to as being excessively "tingling." The writer of this was honored with a copy of Professor P.'s address, and has read and re-read it with a good deal of attention. The learned Professor certainly displays much tact and vigor in his attack upon Dr. Davis, as Chairman of the Committee of the New York State Medical Society, and unquestionably "much foresight in regard to the future prospects of the profession in these United States." Perhaps, however, a doubt may be allowed in relation to the Professor's conclusions respecting the capacity of the projecter (Dr. Davis) of the coming Medical Convention, as well as to the fact whether foresight is always prophecy. Dr. Davis has most unfortunately jostled the learned Professor's opinions somewhat rudely, though accidentally, no doubt; opinions, which it seems the learned author had expressed in "My Medical and Physiological Commentaries," which he again expressed in an "Intro-

ductory Lecture on Medical Education in the United States in 1843," and which he will hereafter express in a "Sketch of the History of the Medical Department of the University," which is to be a posthumous work. Now, Sir, I apprehend that no man, however unwittingly and innocently he may do it, can contradict opinions so often expressed, and to be expressed, without at least running the risk of exciting the chivalric wrath of their originator, and exciting him to do battle like the knights of olden time, for the honor of his "Ladye Love," and like them to shiver a lance in defence of her wounded honor. With these opinions of the learned Professor regarding the coming glories of the profession—these visions of the far-distant future—I have nothing to do, excepting to hope that they may all be eventually realized. In the valedictory alluded to, the learned Professor bends all the energies of his powerful and philosophic mind—aims all the heavy artillery of his mighty mental battery, against sundry reports and communications of the Chairman of the Committee, who, he takes the trouble to inform us, is "*a young man in the township of Binghamptom*," and that to him has been delegated the work of expounding the objects of the convention, which are to elevate the standard of medical education; and "*unfortunately*," says the Professor, "to him has been delegated the correspondence with the medical colleges." Now is there anything so exceedingly improper in delegating this duty to a *young man*, or is the dignity of a medical college degraded by corresponding with one whose head is not covered with the frosts of many winters? Alas! wisdom does not always increase, with increase of years. But the erudite author of "My Medical and Physiological Commentaries," had the penetration to discover, that the "Chairman of the Committee and Projector of the Convention" was, in various ways, "traducing the profession and the medical colleges, through the medical press"; and thereupon the learned Professor indulges himself in a very gentle degree of vituperation of the State Medical Society, intimating that the members are "a bare handfull of the *outs*," excepting a very few, the very salt of the profession, probably, who, he tells us, "properly regard the transactions of the *few*, and who leave to those *few* the *practical existence* of the Society"; and he laments the necessity which is thus imposed by self respect. "Alas! Poor Yorick." The Professor seems particularly horrified with one or two paragraphs which occur in the communications of the Chairman, especially that he should have made use of that unseemly figure of rhetoric called hyperbole, when he tells us that ninety-nine students out of every hundred are not well qualified as regards their primary education. His exquisite sensibility is also terribly annoyed with a simile, perhaps not so elegant as the learned Professor would himself have invented, but nevertheless, apposite, when he says that if "bad grain be put into the hopper, bad flour will come through the bolt." It is not my intention to defend the writings of the Chairman; he, I imagine, is able to do that himself. Let his previous writings bear testimony to his capacity. Who, then, is this Dr. Davis, of whom the Professor asserts that he knows nothing? He is the author of the two Prize Essays which are to be found in the Transactions of the

New York State Medical Society for the years 1840 and 1841, a publication conducted, let it be understood, exclusively, of course, by the "*outs*"; the first on the "Diseases of the Spinal Column," and the second "An Analysis of the Discoveries concerning the Physiology of the Nervous System." In relation to the first of these papers, the Boston Medical and Surgical Journal holds the following language. "It strikes us that Dr. Davis merits something more than a gold medal for his very useful and judicious performance. He appears to have examined the subject with that degree of care which should be exercised especially by those who attempt to teach others. * * * * We cannot withhold our warm expressions of praise from Dr. Davis, without doing injustice to a talented writer." (Vol. XXII. p. 303.) In relation to the second, the same Journal remarks that "the author exhibits extensive knowledge, profound attainments in science, and great devotion to the interests of the profession, of which he must be regarded as a prominent member. European physiologists should be furnished with this laborious production. It would not only show them the high value placed on their own labors, but would also convince them of the perseverance and research of American practitioners, even under extraordinary disadvantages for scientific study."

Other papers of Dr. Davis have been published in various periodicals, and some of them have found their way into European journals. It would certainly be a work of supererogation in me to attempt a defence of the literary and scientific character of one who has already, although he has the misfortune to be a "*young man*," by his own exertions, placed himself in an enviable position as a talented writer. This, then, is the man that the author of the Valedictory, under shelter of his professional dignity, attempts to *show up* to the world as an ignoramus and a blockhead.

But the learned Professor is not satisfied with making extracts from the circulars, &c., of the Chairman, and parading them in the pages of his address, with a very remarkable quantity of Italics and small capitals. He gravely tells us that he has it "fortunately in his power to show how far qualified the Chairman may be, to be entrusted with the solemn duty of pronouncing judgment even upon the primary education of our medical graduates"; and thereupon, with great gusto, he points out, in the last circular, no less than three orthographical errors. Now it does not appear to have entered the gentleman's brain, that these three errors may have been owing to the carelessness of a copyist or a printer's devil, or the inadvertence of a proof reader; no, they are indubitable evidence of the fact that Dr. Davis does not know how to spell. Now we have a most earnest desire to assist the learned Professor to the extent of our feeble abilities in this very important and laborious search for evidence of the utter incompetency of Dr. D. for any place except that of scholar in a fifth-rate country school. "There are, O tempora! in that brief extract" from the Circular which the Professor has inserted in his "defence" (page 21), two other blunders, which, provided they were made by the Chairman and not by the Professor, prove most conclusively that the Chairman is altogether a more unmitigated and incorrigible block-

head than even the learned Professor has imagined. These mistakes seem to have entirely escaped the keen and critical optics of the Professor. Strange! that his extraordinary sharpsightedness should have failed to discover such glaring blunders! Now we would not be bold enough to perpetrate the slander, that the Professor was ever guilty of wrong orthography, nor should we dare accuse him of having either intentionally or accidentally mis-copied a single word of the circular, although one of the mistakes referred to is made in more than one place in the Valedictory; and therefore our friend Davis must necessarily father this new crop of blunders, and here they are. First, it appears that the Chairman does not know the orthography of the place in which he resides. Now there is not to be found in the whole State of New York either township or town, city, village or hamlet, of the name of Binghampton. The name of the village in which the Chairman resides is Binghamton (please put the accent on the first syllable) and not Binghampton as the Professor more than once writes it, and is the County seat of the County of Broome. Is it not a little wonderful that the Professor should not know this little geographical fact, which almost every school boy in the State knows; or how to spell the word when he most probably had the true orthography before his eyes? Second, and which goes to cap the climax of the Chairman's unqualifications for "being entrusted with the solemn duty of pronouncing judgment upon the primary education of our graduates," it appears that he does not know the initials of his own name!! Dr. Davis's first name is "Nathan S.," and consequently his initials should be "N. S.," and they are so written on page 7 of the address, instead of I. N. as given by the Professor as the signature of the Circular. Proh pudor!

Is it not lamentable that a gentleman of the undoubted talent, the high literary and scientific attainments of Professor Paine, should condescend to such puerilities?—should permit himself to stoop so far as to make use of the miserable, ridiculous, childish sort of logic noticed above? We are almost induced to believe that opinions that require to be supported by such an array of nonsense (we beg pardon for the word), are themselves of an untenable, weak, feeble and tottering character.

THE COLD WATER TREATMENT IN TETANUS.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—When a new mode of practice is suggested in any of our medical periodicals, I am always better pleased to be informed of the opinion of the editor, upon the new suggestion, than to have it given without any collateral support of its propriety, by himself or some of his correspondents. In this respect Braithwaite's Retrospect of Practical Medicine and Surgery stands highly appreciated by the profession. And in my own view, its value is immensely increased by the very fact of its frequently giving the views of the editor, or other experienced practitioners, upon the degree of estimation in which new methods of practice, or new

remedies, have been sanctioned by experience. What a vast, what an innumerable number of medical novelties have been born to breathe but one breath, and to forever die. Self-love, *the spring of action*, bewilders the faculties, raising the mental vision so high that it loses the light of day and is lost in the clouds. Red-hot iron will shine like gold whilst it remains red-hot, but it is only gold itself that will shine in all enduring time.

I was led to these reflections by the report of a case of tetanus cured by cold water, taken from the London Lancet, and inserted in your Journal of April 1, 1846. The use of the cold bath, as a remedial agent, is as old as the times of Augustus Cæsar, and how much older I do not know. But we are informed that the Emperor was cured by it of some disorder which had withstood other remedies. This brought it into reputation; but, alas, how temporary; for soon after it was tried upon one of his relations, whom it killed. But what is more to the present purpose, is the information which I received from a respectable physician of what befell a patient of his own. This was a case of tetanus, which had withstood his prescriptions. An eminent, and deservedly eminent, physician and surgeon was called from one of our principal cities, who ordered the cold-water treatment by the *douche*. He had no opportunity to repeat the process, for it killed the patient as quick (according to the gentleman's account who gave me the information) as he could have been killed by a flash of lightning! I remain yours, Sir, respectfully,

Lebanon, Conn., April, 1846. JOSEPH COMSTOCK, M.D.

M. DELPECH ON THE NATURE AND SYMPTOMS OF VARICELLA.

THE Journal de Medicine for January and February contains an elaborate article by M. A. Delpech on an epidemic of varicella, observed at the Hôpital Necker, to which he was then interne (house physician) in the year 1844. The epidemic lasted three or four months, and was confined to the patients of one ward, peopled by infants and very young children. The results at which M. Delpech has arrived, after a careful and minute analysis of the phenomena presented by the disease during this epidemic, are similar to those which have been generally adopted in this country of late years. His researches, however, are valuable as corroborative evidence. The following analysis of the more important parts of M. Delpech's essay will convey a correct idea of the Necker epidemic, as also of the pathological views which M. Delpech has so ably advocated.

There were no prodromes, properly speaking; the appearance of the vesicular eruption being merely accompanied or slightly preceded, by a little fever, heat of skin, nausea, or vomiting. During the course of the disease fresh eruptions would take place, each being accompanied by a renewal of the same general symptoms. The fluid of the vesicles first became lactescent, and then dried, passing through these periods in from three to seven days. The disease itself, however, often lasted much longer,

owing to successive eruptions taking place. On many of the patients, instead of vesicles, there were pemphygoid bullæ, or the latter appeared simultaneously with the former. Not unfrequently, when the vesicles had arrived at the period of desiccation, the crusts remained moist and the skin continued to secrete pus. The pemphygoid varicellæ were those which most frequently gave rise to the unfavorable occurrence. The presence of the bullæ seemed to indicate a deeper and more chronic inflammation of the skin; the pus secreted was generally serous. The suppurative diathesis which seemed to exist in these cases can scarcely, however, be considered the legitimate sequela of varicella.

The prognosis of varicella may be always favorable, as it is always a very benign disease; indeed, it has, perhaps, never been fatal of itself. It may, however, be associated with variolous eruptions, and then the state of the patient sometimes proves alarming. On the other hand, a child, whilst laboring under varicella, may be attacked with other severe disease, and thus be placed in a critical position. Thus M. Delpech mentions having seen a child subject to convulsions die from an attack which occurred whilst it was affected with simple varicella. In so mild a disease, there is, of course, but little treatment required. In the great majority of cases, hygienic means alone are necessary to treat it, or rather to prevent its progress from being imtempestively arrested. Nearly the only medicinal agent indicated is a mild purgative at the end of the treatment. It modifies favorably the purulent predisposition when the latter exists, by revulsive and secretive depuration. When the suppurative diathesis exists, in addition to mild purgatives, topical remedies will be found of use, such as an ointment composed of calomel, one part; lard, ten parts; or sulphur or corrosive sublimate baths.

M. Delpech appears to think that the Necker epidemic of varicella originated spontaneously at the Hospital, but that it extended itself in the ward by contagion; for other and adjoining wards were completely free. Nevertheless, he was not able to propagate it by inoculation. Two children, in a ward where there was no eruptive disease, were inoculated with varicella fluid taken from a patient out of the Hospital, but without success. This result is confirmatory of various recent experiments, and seems to establish a marked and total difference between varicella on the one hand, and cowpox and variolous diseases on the other. M. Delpech is the more inclined to attribute the propagation of the disease in the Necker ward to contagion, from the circumstance of the children being attacked in groups, as if they had been exposed to the cause of the disease at the same epoch, although the length of their residence in the Hospital was varied. After a careful and elaborate comparative analysis of the epochs at which the attacks occurred, and of all the data of these attacks, M. Delpech thinks he is warranted in concluding that the disease is transmitted anteriorly to the fifth day of the invasion, and probably between the third and fifth. He also thinks that the incubation of varicella may be fixed at about twelve days. M. Delpech's analysis of his cases is so minute, that it sometimes requires a strong effort of attention to follow him. His deductions, however, ap-

pear legitimately drawn, and the process by which he arrives at them may be offered as a model for the followers of the numerical system.

M. Delpech concludes his essay by a parallel between varicella and variola. He shows that the origin of varicella was much more recent than that of variola, and reminds his readers that, as long as variola was observed in its primitive intensity, unmodified by inoculation or vaccination, no author thought of confounding the two diseases. Vidus Vidius, the first who gave a good account of varicella, expressly states that it is a different disease from variola or rubeola, as the following sentence testifies —*Quam obrem non videntur tanquam tertia species morbillis et variolis hæ pustulæ adjiciendæ, sed satis est si ad phlyctenas referantur.* Varicella has been erroneously confounded with variola by some modern authors, owing principally to the circumstance of the two diseases being occasionally met with at the same time, on the same individual, the one not excluding the other. The separate individuality of varicella, however, is proved—by its existing in an isolated state, free from all variolous complication, both sporadically and epidemically—by the age of those whom it attacks, nearly exclusively children—by the perfect indifference with which it attacks all individuals, whether vaccinated or not, whether they have had variola or not, even when laboring under varioloid disease, or when recently convalescent from it—the complete absence of all modification in the manifestations of the affection in those who are or have been under the influence of variolous affections—the absence of all immunity conferred by varicella from variola or cowpox—the possible combination, and simultaneous development of varicella and variola—the impossibility of variola transmitting or giving rise to varicella, or of varicella transmitting or giving rise to variola—the doubtful possibility of transmitting varicella by inoculation, notwithstanding the experiments of Willan, which have been disproved by all subsequent experimentalists—and, lastly, the decided and constant difference in the form and symptoms of the two diseases.

This elaborate essay certainly does M. Delpech great credit. It has been rewarded by the Monthyon prize—a yearly prize, given by the Faculty of Medicine of Paris, for the best memoir on the diseases of the past year, as observed in the Paris hospitals.—*London Lancet.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 29, 1846.

National Medical Convention.—Before this No. of the Journal reaches distant subscribers, the delegates to the National Convention will have been organized in the city of New York. There is some diversity of opinion on the expediency of this measure. An ardent manifestation of interest in the probable deliberations of the congress, distinguish the resolutions of some State societies; while others look very coolly, and even

suspiciously, on the whole matter, as though there would be more talk than doing. Most of the strong schools and colleges are inattentive to the call—not caring to participate in any manner with the resolves that may go forth from the Convention. Not one of the Philadelphia colleges appear to have cared much about the meeting, as no representatives have been chosen by either of them. Connecticut and Massachusetts are also without delegates. The subject was brought before the Council of the Massachusetts Medical Society, but a close vote turned the scale against the desire of those who thought it would be an act of courtesy to appoint a commission.

We hope that some gentleman who has opportunity will favor us with a daily transcript of the labors of the Convention. There will be an able body of talented men there.

Town and Country Practice.—In cities, practitioners are, in a manner, slaves to the public. They know but little more of personal freedom than servants who are under the watchful eyes of a severe master. There is such competition that scarcely any one can relax or defer his business, without absolutely periling his prospects. Whenever he feels himself established, more vigilance is, if possible, required than ever. It is true that a few physicians acquire fortunes, but very rarely by the mere practice of medicine. It is usually either by inheritance, family alliances, or some collateral pursuit which no one knows of but themselves, that large estates come into the possession of physicians. Those who acquire a competence by their profession, gather for others to scatter, in most instances, since the infirmities of age overtake them before they have realized their expectations. But the number who become rich in any way, in cities, is very small indeed, compared with those who are dependent on their daily earnings. Rents, fuel, and family expenses, must necessarily be high, must be promptly paid, too—and to meet such an outgo by prescriptions, the legitimate and only reliable source of income in a multitude of cases, is not always certain, and sometimes breaks down the boldest spirit.

We are so familiar with the vicissitudes of physicians of slender means, who undertake to establish themselves in a city, that it would be unpardonable not to warn such as contemplate the experiment, of the difficulties which they will assuredly meet with. New signs are continually appearing at the corners of the streets, few of which remain many years. Physicians just graduated are naturally full of hope, and are often anxious to settle down in a city; but two thirds of them go away after a time, sick at heart from hope deferred.

Medical gentlemen in the country likewise have their hardships and disappointments, and many pleasures too. They have the advantage of being known in a week after locating. They are under no bondage to the community, nor in fear of neglect, should they happen to be from home occasionally; and personal expenses are not of an alarming magnitude. There are numerous advantages which they possess over their town brethren, that might be recited in a lengthened catalogue. Some of these consist in the enjoyment of an untainted atmosphere, wholesome water, and exercise of a healthful, invigorating kind, over the hills and through the dales, which is conducive alike to immunity from disease and length of days.

State of New York Medical Society.—Part II. of Vol VI. of the Transactions of the Society, for the year 1845, has been published and distributed. Dr. Hun's paper on Phlebitis, Dr. Davis on Obscure Points in Pathology, &c., claim distinct attention from medical readers. The analysis of the testimony on the trial of Calvin Cornell for murder, and the subsequent proof which led to the commutation of his punishment, by Drs. T. Romeyn Beck and A. Brigham, will be extensively read, and it is gratifying to know that the merciful bias of their minds influenced, as it did, the decision of the Governor of the State, who commuted the sentence of death to imprisonment in the State Prison for life.

Diseases of the Chest.—A second edition of the well-known, and, it is believed, well-received treatise on "Diagnosis, Pathology and Treatment of Diseases of the Chest, by W. W. Gerhard, M.D., &c., Philadelphia," has just been issued, revised and enlarged, by Messrs. Barrington & Haswell, medical publishers. The closing paragraph of the author's preface, explains fully the good qualities of this improved volume. "The object of the present work," says Dr. Gerhard, "is not limited to auscultation: it includes, on the contrary, the general symptoms and treatment; and I may hope that it will prove useful to those who may require a publication of the kind." Dr. Gerhard's reputation, in this particular department, has been deservedly high—and we are in the habit of supposing that men improve by age and experience. It is, therefore, presumed that the production before us embraces, not only the spirit of all the best and latest essays on the class of diseases considered in it, but also the most recent researches of the author.

Without adverting particularly to the contents of the eight or ten chapters, deserving as they are of careful study, we contemplate the admirable teachings in regard to the diseases of the heart, with more than ordinary interest. Medical gentlemen of observation concur in the opinion that the circumstances and condition of the present age tend to the development of diseases of the heart and its essential appendages, in a striking degree. We are, as a people, in the United States, subject to a peculiar excitement. The nervous system is constantly over-taxed—the blood is urged on too rapidly for the safety of the mechanism by which it is propelled, and disturbances, lesions, and, in fact, physical sufferings and death, result from an over-working of the vital apparatus. Without being able to control the elements which thus operate against the health and long life of the most intelligent part of every community, it is the special province of the physician to exert himself with a view to lessening the force of disease, if he does not always succeed in curing the patient. The second division of this excellent book throws much light on many points that might well be thought obscure by those who are not intimately conversant with the anatomy of the thorax, and the varying symptoms of diseased action in the deep recesses of the chest. One half of the ordinary pulse-feeling of some reputable practitioners is a perfect farce. They often do not recognize minute irregularities in the circulation, or, if they do, guessing is the mode of locating the seat of disease. Nothing short of an untiring determination to master every sign and sensation that indicates an abnormal state of any and every organ, can justify a man in prescribing for diseases of the human body.

These observations are intended for the consideration of that class of careless practitioners who pretend that they have no time for study, and yet dare to give advice on subjects in which they are supposed to be thoroughly acquainted, although profoundly ignorant.

Miller's Practice of Surgery.—This volume is not put forth in rivalry of the excellent works on practical surgery which already exist, but as a companion to the Principles of Surgery, lately published. James Miller, F.R.S.E., &c., the author of these works, is Professor of Surgery in the University of Edinburgh. An examination of the present treatise convinces us of the general soundness of the work. It is good, without being great. It is true, but not new—in short, the spirit of industry seems to have come over the professor, prompting him to give the printer his manuscripts just as fast as they could be conveniently spared from the lecture room. Those who consult this work as a surgical guide, will certainly have a safe, accurate bibliographical counsellor; and one which will be regarded by competent judges, we apprehend, as a generous contribution to the great fund of surgical knowledge which is in the process of accumulation in the world.

Eastern State Penitentiary, Pennsylvania.—Through the attentions of the physician of the institution, Dr. Given, a copy of the seventeenth Annual Report has come to hand. After a deliberate and watchful insight into the workings of the solitary imprisonment system, he has come to the conscientious conclusion that it is the best. His report to the inspectors is placed on file for further comment.

Prolongation of Life.—Man comes into existence a helpless being, says Mr. Shattuck: arrives at maturity by the aid of others; exists in a state of maturity an indefinite period, and then decays and dies; "the dust returns to the earth as it was." This is the common lot of all. Life may extend to 70, 80, 90, or even 100 years; and it may terminate in a year, a month, or even in an hour. We know that we all must die; but the time of our death we do not know. It may come comparatively soon; it may not. We believe, however, that the time of our death, though unknown, is in some respects within our control. We believe that disease and death come not from a mysterious, unconditional Providence, but are the result of the condition of our bodies, and the influences that are brought to bear upon them.

The late Rev. Dr. Ripley, of Concord, when settled, in 1788, had a feeble constitution; and one man voted against him because he thought it useless to settle a man whose probabilities of living were so small. He, however, by great care and attention to his health, acquired a pretty good constitution, and survived his 90th year. He probably added fifty years to a life which another man, under similar circumstances, would not have enjoyed.

Medical Patronage of Quackery.—The editor of the London Lancet, after some pretty severe remarks respecting the countenance given to va-

rious forms of quackery by Sir Benjamin Brodie, Sir James Clark, Dr. Bright and several others, thus speaks of the extraordinary article by Dr. Forbes in a late No. of the British and Foreign Medical Review.

"Dr. Forbes is another attendant on royalty, against whom we have somewhat to urge. In a recent article in the British and Foreign Review, entitled 'Homœopathy, Allopathy, and Young Physic,' said by the Medical Gazette to be the work of Dr. Forbes, some extraordinary laches are perceptible. Homœopathy certainly was never in such respectable feather before in this or any other country, and legitimate medicine never had a more nauseous pill prescribed for it. The entire tendency of the article is to humble it to the dust, and if not to exalt homœopathy, at least to say all the exaggerated praise that can be said of such a meretricious mass of folly. The quotations we give, however they may be hemmed in by reservations, and weakened by explanations, furnish damning proofs that the writer, whoever he may be, ought, in the self-same mood, to remain no longer in the ranks of the followers of, and believers in, orthodox physic. Not that any of these believe it to be near certainty and perfection, but many, very many—a faithful majority—would shrink from the sentiments and deductions of this writer."

Scarlatinoid Fever. By Samuel Tyler, M.D., of Frederick, Maryland.—An epidemic scarlatina has been raging to a considerable extent for twenty months, or perhaps longer, in Frederick city and county; some cases being of the simplex, others of the anginose or malignant form, the majority of cases though being of the former type.

Within the last three months I have seen many cases of disease which I have termed scarlatinoid fever, there being every symptom of scarlatina except the eruption, particularly violent anginose symptoms, pricking and consequent huskiness of the skin, and for the most part confined to adults, but not alone to those performing the duty of nurse.

Of course every one has observed the fact that nearly all diseases are much modified by the prevalence of any epidemic, but I think the general prevalence of this disease (scarlatinoid), and its confinement to adults, and those who have had scarlatina, conjoined with the fact of the violence of its symptoms, which, though not so great as those of scarlatina, entitle it to rather more consideration than as a mere modification. Nor do I think we could exactly call it *scarlatina sine exanthemate*, described by Fothergill and Huxham (1766), as the *scarlatina cum exanthemate* has been, and is still prevailing. All these facts combined have induced me to consider it as not a mere modification, but rather *sui generis*, bearing the same relation to scarlatina that typhoid does to typhus, or varioloid to variola.

I have employed the same treatment, with very little modification, as in scarlatina.—*American Journal of Med. Sciences.*

Asserted Injurious Effects of the Manufacture of Lucifer Matches.—Several German practitioners, and, among others, M. Heyfelder, clinical professor of surgery at Erlangen, have published a number of cases of necrosis of the maxillary bones, which they attribute to the influence of the materials used in the manufacture of lucifer matches, the patients having thus been employed. M. Bricheteau, wishing to verify the accuracy of these statements, with reference to the asserted cause of the dis-

ease, has carefully visited all the manufactories in which chemical matches are made in Paris and the neighborhood. The results of M. Bricheteau's investigations do not appear to confirm the statements made in Germany. Among the two thousand workpeople, men and women, who are thus employed in or near Paris, it does not appear that a single well-authenticated case of necrosis of the maxillary bones has occurred. Three or four cases of disease of the maxillary are mentioned by M. Bricheteau, but he states that the disease was either syphilitic, or existed before the patients had worked at the factory.

The manufacturers have remarked, that the vapors that result from the instantaneous combustion of the matches, which contain sulphurous acid, and phosphorous and phosphoric acid, make the workpeople cough, and that the coughs thus occasioned are more troublesome in winter than in summer, owing to the ventilation of the workshops not being then so good; but they have not observed any other symptoms.—*Journal de Médecine.*

Treatment of Spina Bifida.—At a late meeting of the Medical Society of London, Mr. Hilton inquired whether members had found any plan of treatment of service in cases of spina bifida? He considered the plan which had lately been recommended, of adopting carefully adjusted pressure over the tumor, to be a dangerous practice.

Mr. Robarts believed that spina bifida was usually connected with hydrocephalus, and should therefore expect no benefit from the treatment alluded to.

Mr. Dendy reprobated the practice of pressure in spina bifida; meningitis might be the result of the proceeding, as pressure might be exerted on sharp points of the bony cavity. He had seen good done in these cases by carefully-conducted puncture. In three cases of hydrocephalus treated by puncture, idiocy had been the result.—*London Lancet.*

Medical Miscellany.—A woman is said to have recently died in Tolosa, Spain, at the age of 150 years.—Cholera is again making frightful ravages in Asia.—Dr. James Stevenson, of Washington County, and Dr. Alex. H. Stevens, of New York, have been elected honorary members of the State Medical Society of New York.—The annual meeting of the Boston Medical Association will be held at the College, Mason street, on Monday, May 4th.—The New York Sunday Times is publishing a series of articles under the caption of *Young Physic.*

MARRIED,—Asa M. Holt, M.D., of Haddam, Conn., to Mrs. F. B. Dewey.

DIED,—At Salisbury, Conn., Luther Ticknor, M.D., 56—an excellent man and an eminent practitioner of medicine, whose loss will be greatly deplored.

Report of Deaths in Boston—for the week ending April 25th, 73.—Males, 28, females, 45. Stillborn, 3. Of consumption, 18—smallpox, 1—mortification, 1—dropsy of the brain, 5—measles, 6—inflammation of the lungs, 6—scarlet fever, 2—convulsions, 2—inflammation of the stomach, 1—croup, 5—brain fever, 1—lung fever, 6—scrofula, 1—disease of the kidney, 1—dropsy, 3—apoplexy, 1—canker, 1—infantile, 1—inflammation of the bowels, 1—disease of the liver, 1—jaundice, 1—erysipelas, 1—hooping cough, 2—neuralgia, 1—child bed, 1—intemperance, 1—cholera morbus, 1—drowned, 1.

Under 5 years, 29—between 5 and 20 years, 10—between 20 and 40 years, 16—between 40 and 60 years, 14—over 60 years, 4.

Premature Old Age in Females.—Nor does the premature old age, of which we are speaking, come of too much *study*. We do not begin to study in this country, as they do in Germany, nor as many do in England and France. It is a common thing among the educated ladies of Germany, to find those who can read and speak three or four different languages, and are extensively versed in mathematics and natural philosophy.

It is clearly proved that the high cultivation of the intellect is favorable to protracted youthfulness and long life. Highly educated men and women, on an average, live longer and enjoy more even and pure health, than those of little or no mental culture. The mind is life—the very essence of life—and where there is most of mind, other things equal, there is most of that which imparts life and vigor to the body. It is believed that thousands in this country annually die some twenty years sooner than they would, had they bestowed a higher cultivation upon their intellect. We must be more intellectual and less sensual—more of that which dies not, and less of that which dies—if we would invigorate and prolong whatever of us is mortal. It is said to be better to wear out than to rust out:—The truth is, after all, very few in this country can claim the honor of *wearing* out, intellectually. But hundreds are daily dying through mental rust. Why does the man of business languish and die so soon, on retiring to enjoy in idleness his gains? Just because the life-giving power, the mind, ceases to act. Rust, stagnation, disease, gloomy spirits and death, must inevitably come.

The perpetual tug and excitement of business, as it is done in this country, frequently overtaxes and breaks down the mind; not so much by the intellectual labor, as by the *excitement* attending it. Now the study of the languages, sciences, &c., and the putting forth of the mental energies in the form of written thoughts for the world, afford just that kind of mental effort which is most favorable to long and vigorous life. Accordingly literary and scientific men are, as a class, long-lived. If our females would give up their dissipations, renounce their novels and their indolence—put away both their inglorious rust and their vainglorious excitements together—and rise higher on the scale of intellectual, thinking, spiritual being, they might secure to themselves and to their children a far more healthy, youthful, prolonged earthly existence, than most of them now enjoy.—Rev. H. Winslow, in *Dr. Cornell's "Journal of Health."*

Medical Society of London.—The seventy-third anniversary meeting of this Society was held, on March 9th, at the Crown and Anchor Tavern, in the Strand. The President in the chair. Mr. Bishop, F.R.S., delivered the oration, which was an elaborate and philosophical inquiry into our present knowledge of the vital principle and its influences. The Fothergillian gold medal was presented to Robert Mortimer Glover, M.D., of Newcastle-upon-Tyne, for his Essay on the Pathology and Treatment of Scrofula; and the silver medal to George Pilcher, Esq. The president accompanied each presentation with an appropriate speech.

This Society, the oldest in the metropolis, with the exception of the Physical Society of Guy's, is about again to publish "Transactions," a volume at present being in the press. This is a proof of the increasing prosperity and usefulness of the Medical Society of London—a Society connected with the names of Fothergill, Sims, and Lettsom.—*Lond. Lan.*